

Printed Name: JEFF

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

OT DEC 10 AM 9: 07

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing

T		
U	he true name(s) and business address(es usiness under the assumed business nam) of the entity or individual(s) doing
	Name	Complete Address
	Jeffrey R. Sauter	27116 Dove Haven Ln.
-		Athol, 15 83801
-		
Т	he general type of business transacted un	der the assumed husiness name is:
	☐ Retail Trade ☐ Transportation ☐ Wholesale Trade ☐ Construction	and Public Utilities
	Services Agriculture	
Ì	Manufacturing Mining	Submit Certificate of
(Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
T	he name and address to which future	Secretary of State
	orrespondence should be addressed:	700 West Jefferson
		Basement West
:	Jeffrey R. Sauter	PO Box 83720
4	27114 Dove Haven Ln.	Boise ID 83720-0080 208 334-2301
	Athol, 10 83801	200 007-2301
. 1	Name and address for this acknowledgmer	nt Phone number (optional):
	COPY IS (if other than # 4 above):	208)683-1756
		1130

IDAHO SECRETARY OF STATE
12/10/2007 05:00
CK: 2828 CT: 158018 BH: 1888881
1 2 25.88 = 25.80 ASSUM NAME #

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